



VA NATIONAL CENTER ON HOMELESSNESS AMONG VETERANS

Research-driven solutions to prevent and end homelessness

RESEARCH BRIEF

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Enhancing VA's Preparedness for Disease Epidemics that Impact Veterans with Unsheltered Homeless Experiences

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What do We Know?

Veterans experiencing unsheltered homelessness (i.e., living outdoors or other places not intended for sleeping), are disproportionately vulnerable to disease epidemics, including the coronavirus 2019 (COVID-19) pandemic. Beyond higher burdens of morbidity and mortality, physical distancing regulations dramatically shifted the delivery of the U.S. Department of Veterans Affairs (VA) housing and social services from in-person to virtual modalities.

To enhance VA's preparedness for future disease epidemics that will impact unsheltered Veterans, we collected data from a cohort of Veterans (n=24) who had experienced unsheltered homelessness in Los Angeles during the first year of the COVID-19 pandemic. Veterans were recruited from a parent study of pre-pandemic service utilization and housing outcomes among unsheltered Veterans, as well as the VA Greater Los Angeles Healthcare System homeless services. We reviewed Veterans' medical records to characterize COVID-19 vaccination rates and VA outpatient service use (in the first year of the pandemic and the year prior). To test the feasibility of using mobile phone technology to gather real-time data from this population—during a global pandemic—we invited these Veterans (all of whom had mobile phones) to complete a weekly three-item survey via smartphone application for up to 26 weeks (from August 9th, 2021 – February 7th, 2022), with a rolling start dependent on study enrollment date). In addition, we interviewed a subset of these Veterans (n=18) to characterize their

experiences using housing and social services during the pandemic and identified perceived gaps in care.

New Information Provided by This Study

Most Veterans in this cohort were engaged in VA care during the pandemic. Nearly two-thirds (65%) received at least one dose of the COVID-19 vaccine through the VA. Though there was a shift to virtual care during the first year of the pandemic, as compared to the year prior, there were high rates of primary care and mental health care (mean 3 ± 4 visits in both years, for both visit types). Most ($n=17$, 71%) participants downloaded the mobile phone application with assistance from study staff. Nearly half (41%, $n=7$) the participants who downloaded the application had high completion (mean 86%) rates; of the 10 participants with lower rates, about half started out with high completion rates then stopped engaging altogether, while the others had very intermittent engagement or only completed the first survey.

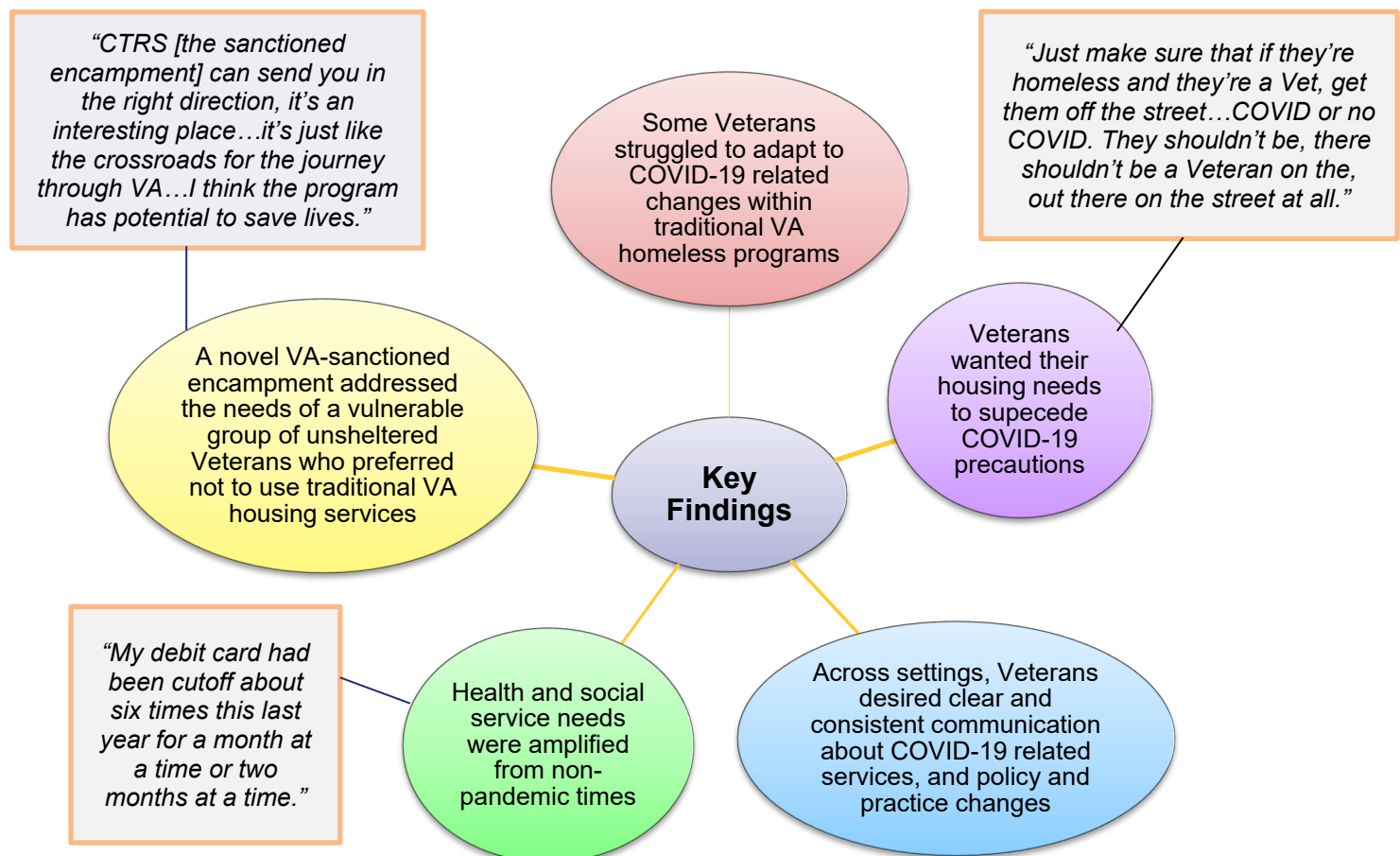
Our qualitative findings (Figure 1) revealed that program and policy adaptations to VA transitional housing and residential rehabilitation programs, spurred by the pandemic, led to prominent feelings of loneliness and social isolation while using these services. Comradery with other Veterans was described a central impetus to use these services outside of pandemic times, and it was challenging for participants to find therapeutic value in these programs when physical distancing and other requirements were enforced.

Though participants perceived threat from COVID-19, they prioritized their housing concerns over this threat and were distressed by decreased access to housing services because of public health precautions. Participants described longer than usual wait times to enter housing programs due COVID-19 testing requirements, fewer public transportation options, and a mismatch between their needs and available resources (e.g., they were offered motel vouchers but needed more services to stay housed). Moreover, many participants desired in-person health care services and legal and vocational services, struggling with the transition to virtual modalities; and they wanted assistance with technology used during the pandemic. Of note, a portion of participants strongly endorsed the value of a novel VA-sanctioned tent encampment, on the grounds of the VA Greater Los Angeles Healthcare System, that provided safe-camping in an outdoor community with fewer COVID-19 restrictions than other transitional housing options.

Though electronic health record review revealed that this cohort of Veterans with unsheltered homeless experiences remained engaged in VA care during the first year of the pandemic, they described that COVID-19 related physical distancing precautions worsened their vulnerabilities and care experiences. A safe-camping site, on VA grounds, was an important innovation that provided a safe environment for Veterans with unsheltered experiences who struggled to tolerate changes to other homeless services during the pandemic. Though many VA services transitioned to virtual care, some of the most vulnerable homeless Veterans struggled to use technology during the pandemic and desired ongoing in-person services. Further research is needed to

optimize the use of mobile phone technology (e.g., monetary incentives, technical assistance) to collect real-time data from unsheltered homeless Veterans in pandemics or other emergency situations.

Figure 1: Key findings from qualitative interviews about care experiences during COVID-19 pandemic



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